

Appln. No. 2855

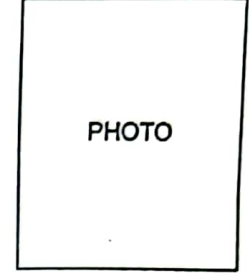


CENTRAL FOOTWEAR TRAINING INSTITUTE
MSME - TECHNOLOGY DEVELOPMENT CENTRE
(Ministry of MSME, Government of India)
65/1, GST Road, Guindy, Chennai - 600 032.



Name of the Course

1. Name in Full :
(In BLOCK LETTERS)
2. Father's / Husband Name :
3. Address of Correspondence :
with Contact No.
4. Date of Birth and Age* :
5. Community (SC/ST/BC/OBC/MBC/GENERAL)* :
6. Educational Qualifications* :
7. Technical Qualification & Experience* :
9. Whether the applicant has undergone :
any training previously at the
Central Footwear Training Institute,
Chennai / Agra, if so particulars thereof.



I certify that the above details furnished by me is true to the best of my knowledge.

Date :

Place:

(Signature of the Applicant)

* (Original should be produced during Final Interview / Admission)

Signature of the Agency / Co-ordinator)

For Office Use only

Seal & Signature of the Officer :

Name & Designation :

Selected :

Date :

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